

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
_____ DIVISION

(Plaintiff),

-v-

Case No.

(Defendant)

ARBITRATOR'S CLAIM FOR COMPENSATION

Hearing Date: _____ (mm/dd/yy)

Number of Days: _____

Arbitrator's Name: _____

Check processing information: You must SELECT and COMPLETE ONE of the following as payee:

Attorney
Name: _____
Address: _____

OR Firm Name: _____
Address: _____

Social Security Number:
(Reportable to IRS)

Federal ID Number:
(Reportable to IRS)

Amount Due: \$ _____

Approved by: _____
Alternate Dispute Resolution Clerk